

# Oral Health Disparities: Let the Voice of PHNs Be Heard

Oral health is an important and frequently overlooked public health issue, despite being the most common chronic disease for children. Poor oral health in the form of multiple cavities, tooth pain, and missing secondary teeth is the most common chronic disease in children, with clear links to additional chronic illnesses, poor school attendance, learning difficulties, sleeping disturbances, nutritional deficiencies, and low self-esteem (USDHHS, 2000). Oral health is a health disparity, disproportionately affecting the most vulnerable of our citizens: poor children, many from racial and ethnic minority groups. For example, children 3–9 years of age who live at or below the federal poverty level have significantly higher rates of untreated caries and fewer dental sealants when compared with those living above the poverty threshold (Dye, Xianfen, & Beltrán-Aguilar, 2012). While access to care does make a difference, fewer than 20% of children with Medicaid have access to regular dental services.

My first encounter with this condition was meeting 5- and 6-year-old children with silver teeth in San Antonio—they all automatically covered their mouth whenever they smiled. While a testimony to the skill of the pediatric dentists in town, the need for replacement teeth so early in life was both tragic and preventable. At that time, the city's water supply was not fluoridated; a third referendum to change this policy was finally successful, and San Antonio became one of the last major cities to add fluoride to the water to improve dental health in 2002. However, many smaller cities and towns remain without this important public health intervention.

Almost 15 years ago, the Surgeon General's report on oral health spoke to the importance of engaging in activities aimed at identifying, monitoring, and reducing oral health disparities, including community, professional, and individual efforts (NIH/NIDCR, 2000). Water fluoridation, profes-

sionally applied topical fluorides and dental sealants, and the use of fluoride toothpastes are all strategies that should be employed to maintain children's oral health.

While pediatric nurse practitioners are often targets of calls for action to address this health disparity, public health nurses also occupy a natural position to offer leadership and care. Nurses should know the fluoride content in the water supply of the many communities they serve, which can differ from one town to the next. They can support local fluoridation initiatives; while the addition of fluoride to drinking water is an important, evidence-based public health measure, local opposition is strong in many communities. Nurses are valuable and trusted leaders who can counter the incorrect information provided by many scare groups. Nurses can also learn about and support your state's legislation on dental hygienists extended care oral health providers. Thirty-six states currently allow hygienists who have completed additional educational requirements to provide a variety of direct access services and support initiatives that expand access to preventive services (NGA, n.d.). These advanced practice hygienists deserve our profession's support, as they are educated to provide essential services to communities that experience an oral health provider shortage.

For educators, it is important to address the silo-like nature of oral and physical health. Nurses and physicians have minimal education about oral health; while dentists and hygienists do learn about the links of oral to physical health, follow-up skills for screening and referral are seldom in their care plans. Reach out to colleagues across your campus or in professional organizations. Invite them to speak at classes or collaborate in research projects (e.g., Ward, Cobb, Kelly, Walker, & Williams, 2010). Integrate course content such as that available from Open Wide (<http://mchoralhealth.org/OpenWide/index.htm>) into public health, pediatric,

and primary care courses. When revising courses, use New York University's comprehensive oral health curriculum, designed to demonstrate nurses' interprofessional leadership and competence around this important topic.

Practitioners can learn to assess for caries risk, appropriately counsel children and parents, and apply fluoride varnish by identifying local on online CE opportunities from sources such as Smiles for Life ([www.smilesforlifeoralhealth.org](http://www.smilesforlifeoralhealth.org)) or local dental and dental hygienists professional organizations. Find out if your local WIC programs are providing fluoride varnish. Identify local community resources where low-income children receive preventive or restorative oral health care and ensure that nurses on your team are aware of both the problem and the resources.

Heartening changes have occurred in the decade and a half since the Surgeon General's report (NIH/NIDCR, 2000). Oral health's overall importance is seen in its recognition as one of the top 12 leading health indicators for Healthy People 2020. School nurses have already taken the lead in many communities in their work with school-based sealant programs (see e.g., Contra Costa County, <http://cchealth.org/dental/>). However, much remains to be done to address this health disparity. I urge public

health nurses to take a leadership role, whether policy, research, education or clinical practice, and reach out across discipline boundaries to ensure that all children are able to have their miles of smiles.

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## References

- Dye, B. A., Xianfen, L., & Beltrán-Aguilar, E. D. (2012). *Selected Oral Health Indicators in the United States 2005–2008*. NCHS Data Brief, no. 96. Hyattsville, MD: National Center for Health Statistics, Centers for Disease Control and Prevention.
- NGA. (n.d.). *The role of dental hygienists in providing access to oral health care*. National Governors Association. Retrieved from <http://www.nga.org/files/live/sites/NGA/files/pdf/2014/1401DentalHealthCare.pdf>
- NIH/NIDCR. (2000). *Oral Health in America: A Report of the Surgeon General*. National Institute of Health/National Institute of Dental and Craniofacial Research. NIH Publication No. 00-4713. Retrieved from <http://www.cdc.gov/nchs/data/databriefs/db104.htm#summary>
- United States Department of Health and Human Services [USDHHS]. (2000). *Oral Health in America: A Report of the Surgeon General*. Bethesda, MD: Available at: <http://profiles.nlm.nih.gov/ps/retrieve/ResourceMetadata/NNB-BJT>.
- Ward, A., Cobb, C., Kelly, P. J., Walker, M., & Williams, K. (2010). Application of the theory of planned behavior to nurse practitioners' understanding of periodontal disease-systemic link. *Journal of Periodontology*, 81(12), 1805–1813.



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